

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09781197	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2		1					52					
3							53					
4		1					54					
5			1				55					
6		1					56					
7			1				57					
8	1						58					
9		1					59					
10							60					
11		1					61					
12			1				62					
13		1					63					
14							64					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	10	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓
TOTAL CLAIMS	13	████████	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████	████████	████████	████████